

NH MEDICAL CONTROL BOARD

**Richard M. Flynn Fire Academy
222 Sheep Davis Road
Concord, NH**

MINUTES OF MEETING

September 18, 2003

Members Present: Donavon Albertson, MD; Jim Martin, MD; Joseph Mastromarino, MD; Douglas McVicar, MD; Joseph Sabato, MD; William Siegart, MD; Sue Prentiss, Bureau Chief; John Sutton, MD; Mary Valvano, MD; Norman Yanofsky, MD.

Members Absent: Chris Fore, MD; Frank Hubbell, DO; Jeff Johnson, MD; Patrick Lanzetta, MD.

Guests: Jon Bouffard; Steve Robbins; Rich O'Brien; Dr. Craig Lauer; David Hogan; Christian Giller; Donna York Clark; Gary Zirpolo; Jeanne Erickson; Dr. Tom D'Aprix; Dr. Hank Wagner; David Lacaillade; Janet Houston.

Bureau Staff: Liza Burrill, Education Coordinator; Kathy Doolan, Field Services Coordinator; Will Owen, ALS Coordinator; Fred von Recklinghausen, Research Coordinator.

I. CALL TO ORDER

Item 1. The meeting of the NH Medical Control Board (MCB) Board was called to order by Dr. McVicar at 9:10 a.m. on September 18, 2003 at the Monadnock Community Hospital in Peterborough, NH.

Gary Zirpolo, EMS Coordinator from Monadnock Community Hospital welcomed the group on behalf of his EMS Community.

II. ACCEPTANCE OF MINUTES

Item 1. **July 17, 2003 Minutes: Motion** was made by Dr. Albertson and seconded by Dr. Valvano to accept the minutes as read. Motion passed unanimously.

III. DISCUSSION AND ACTION PROJECTS

Item 1. Protocol Subcommittee Report

Dr. McVicar reported that the Protocol Subcommittee had met again on September 03, 2003 to further discuss the issues of Credentialing, the upcoming Content Review and the proposed EMS Medical Director's Meeting. Dr. McVicar presented to the Board the following recommendations from the Subcommittee:

I. Credentialing

A. Definitions:

1. In the medical world, "Credentialing" means the process of collecting and verifying documents that pertain to a practitioners training, skills, and character. "Privileging" means the granting of rights to perform medical procedures, usually by a hospital board of directors, to a practitioner.
2. In the EMS world, the terms have been used inconsistently and do not have an established and widely accepted definition.

B. NH Procedure Today:

1. Based on the medical definition above, the National Registry is NH's EMS credentialing agency. NH BEMS is NH's EMS licensing agency.
2. Some hospitals add additional layers of competency screening, such as protocol exams and personal interviews.
3. Some squads add their own competency screening procedures, such as squad-required additional testing and specified training.

C. Recommendations of the Protocols Subcommittee:

1. The word "credentialing" itself is ambiguous and not specific enough in the EMS setting to be useful. Nevertheless there is a recognized need to standardize and improve quality management throughout the state.
2. The licensing process should be expanded to include additional quality management elements. An example of such an element would be statewide protocol exams covering at least the statewide (minimum menu) protocols.
3. Local Option Protocols will remain, as defined by statute. However the State should participate in quality management of Local Option Protocols by suggesting and supporting elements such as training modules, exams, and performance standards.
4. Medical Resource Hospital responsibilities in regards to quality management issues should be defined in Administrative Rule. Among the goals of these rules should be replacement of arbitrary or inconsistent processes, for example "Due Process", with consistent ones for all Medical Resource Hospitals.

Discussion Followed. Dr. Albertson stated that with the added resources at the state level, he now supports the concept of the state and the local squads playing more of a role in the "credentialing" and quality assurance process with input from hospitals. He stated the details of this could be worked out in the future. Dr. Mastromarino stated he feels that the issue of Due Process to address arbitrary and inconsistent practices fits well within these recommendations. Chief Prentiss stated that the Bureau will still need to look at the resources and capabilities of

the Bureau to see how much of the “credentialing” process NHBEMS has the ability to do. The Board agreed that the goals set forth by these recommendations should be noted and passed onto the Coordinating Board and the Bureau of EMS as they further address the issues of QI/QA to include due process and credentialing.

II. Guidance for the Protocol Rewriting Process.

- A. The first job of the Protocols Rewriting Group should be to establish an order in which to proceed so that the most important sections are covered first, and if any of the comprehensive rewriting is not completed by Jan 1, 2005, it will be the least critical and least rapidly changing material.
- B. A “Manual of Style” should be established so the look of the document is consistent. Categories of style rules include: numbering, indentation, use of tables and bullets, use of colors, fonts, format, etc.
- C. A “Standard Vocabulary” should be established. For example, in the current edition of the protocols generic names of drugs are used, although very well known brand names are sometimes also mentioned.
- D. An import issue which should be decided early in the rewriting process is how to present the information now included in appendices, including interfacility transfer protocols, and extended care protocols.
- E. “Standards of Justification” for protocols should be made apparent. These would show on what authority a protocol is based. Common categories would be: existing NH protocol, AHA/ACLS, protocols of another state, or medical literature. The means of showing the Standards of Justification would be decided by the Protocols Rewriting Group.
- F. The exact composition, meeting schedule and procedures of the Protocols Rewriting Group should be left to the Chairman and the members of that group. However the Protocols Subcommittee discussed the following ideas and found them to have merit:
 - 1. The membership should be open. At the same time, candidates for membership should demonstrate serious commitment by agreeing to attend meetings, and to do subcommittee and individually assigned tasks throughout the duration of the process. Other interested individuals could introduce their ideas by letter or email.
 - 2. That the protocols be divided into various sections, and subcommittees be assigned to work on each section. In addition to allowing members to function within their areas of expertise and special interest, this procedure would favor editorial accuracy since there could be three levels of review prior to final approval for publication: the section subcommittee, the Protocols Rewriting Group as a whole, and the Medical Control Board.

Motion was made by Dr. Sutton and seconded by Dr. Sabato to appoint Dr. Albertson as the Chair of the group who was going to review and update the current protocols. Motion passed unanimously and Dr. Albertson accepted the appointment.

Discussion followed about the specific recommendations. Dr. Albertson stated that in general he supported the recommendations. He feels that a consultant should be used to help address the issues of style, vocabulary, lay out, etc. He expressed concern about the ability to provide "Standards of Justification" for all the protocols because of the lack of literature pertaining to prehospital medicine but when possible that this is a good goal to try and achieve.

There was further discussion with regards to the priorities and timeline of the actual project and the consensus was to start initially with the current protocols then address other components (i.e. incomplete appendices) as time allows. It was also agreed that this project should start as soon as possible and that the group would continue to meet and work on it until the project was completed with the understanding that the next publication of the protocols is due in January 2005.

The following members of the MCB expressed interest in being involved in the project: Dr. Martin, Dr. Valvano as available, Dr. D'Aprix was recommended by Dr. Martin and Dr. Siegart. Will Owen stated he would touch base with the members not present at this meeting. Chief Prentiss stated that Will Owen would be assigned to the group as the Bureau liaison. Will Owen also stated he felt it was important that EMS providers be a part of this process and that he had a list of individuals who were interested in helping. Dr. Albertson stated he agreed to the concept of an open membership to the group but that it was important that members of the group realize the amount of work and commitment that will be necessary to keep the project on track. Will Owen and Don Albertson will meet to finalize the plan for this process.

III. Guidance for the Statewide EMS Medical Directors' Meeting

- A. Brief Update where we are now.
- B. Focused Discussion on high priority topics, e.g.:
 - 1. EMT-I Meds Module maintain or expand EMT-I level?
 - 2. How can we improve base station performance, and standardize best practices? Would the base-station course be useful?
 - 3. Due process for providers whose privileges are restricted.
What level of involvement do EMS Medical Directors want? What is the best way to insure input on important decisions?
- C. Open Discussion.
- D. Working Dinner – speaker to be secured on liability issues for EMS medical directors.
- E. Optional networking opportunities

Discussion followed. All present members of the Board and EMS Medical Directors who were not members of the Board expressed interest in attending the meeting but there was concern about holding the meeting in October due to conflicting events and schedules. It was suggested to look at a possible November date. Dr. Yanofsky stated that the EMT-Intermediate agenda item may not be an appropriate topic since it is a project that was turned over to the Coordinating Board and that the Medical Directors have been surveyed on it.

It was decided after a lengthy discussion that this meeting would be for Medical Directors. If the local Medical Director could not attend, then she/he would be asked to send an alternative physician from their hospital.

Dr. McVicar and Will Owen will further discuss the best date, invitation list and agenda and let people know when a final decision is made.

Item 2. Prehospital CPAP Evaluation Project - Parkland Medical Center

David Lacaille, the EMS Director from Parkland Medical Center, and Rich O'Brien of Derry Fire presented a year's worth of data from the prehospital CPAP evaluation project being conducted by Derry Fire Department. David and Dr. Wagner, Parkland's EMS Medical Director, stated that in general they felt the project to date had gone very well and they had received positive feedback from both EMS providers and ED and admitting physicians. They stated that they would like to continue the project and add Salem Fire Dept, from Parkland's catchment area to the project. They believe this will add significant more numbers to the study.

Discussion followed.

Motion was made by Dr. Sabato and seconded by Dr. Sutton to continue the evaluation project for 1 year at the already approved Medical Resource Hospitals (Parkland, Exeter and DHMC). Additionally: 1) Expand the program to include use by EMT-Intermediates. 2) Add the monitoring of Oxygen saturation pre and post CPAP application to the data set. 3) Use consistent training and data collection at all evaluation sites and share the data with Bureau of EMS. 4) Lastly, look at the data at the end of the year and address the topic in the January 2005 protocols. Motion passed unanimously.

Item 3. Suggested ALS Equipment for ALS Units

Will Owen presented a draft of a list of suggested ALS equipment to be carried on ALS Units. He stated that currently the Bureau does not regulate ALS equipment and that it is supposed to be addressed by individual Medical Resource Hospitals in their agreements with Units. He stated the current suggested list that is posted on the Bureau's web site and distributed when requested is out dated. He asked for feedback and approval of the list from the Board.

Discussion followed. Janet Houston suggested adding specific size ranges to things such as ET Tubes, IV Catheters, etc. Dr. McVicar suggested that the opening paragraph be reworded to emphasize that the list is recommended equipment.

Motion was made by Dr. Sabato and seconded by Dr. Yanofsky to approve the list with the added suggestions. Motion passed unanimously.

Item 4. NH Child Fatality Review Committee Recommendations

Janet Houston of EMS for Children presented the history and function of the NH Child Fatality Review Committee. She presented a list of recommendations the Committee had developed in response to a case involving the death of a teenager from an aspirin overdose and asked for the Board's input on the recommendations and the implementation of the recommendations.

Discussion followed about what the MCB's possible role in implementing the recommendations could be, the role and future of the NH Poison Control Center, the EMS poisoning protocols and other possible organizations that could be involved. Dr. Sabato suggested bringing this issue to the NH ACEP chapter.

Motion was made by Dr. Sabato and seconded by Dr. Albertson to have the MCB write a letter to the Child Fatality Review Committee stating that in order to implement the proposed recommendations of the Committee there needs to be a Poison Center with adequate funding serving NH. Motion passed unanimously.

IV. INCUBATING PROJECTS & SUBCOMMITTEE REPORTS

Item 1. ACEP Report

Dr. Sabato reported that there will be a CME on Medical Emergencies on November 20, 2003 at Frisbie Memorial Hospital in Rochester, NH. Registration for this is available on the ACEP web site.

Dr. Sabato also stated that National ACEP has a Chapter grant program and NH ACEP is looking for potential grant ideas. These are needed by November 20, 2003.

Item 2. Bureau of EMS Report

Chief Prentiss reviewed the highlights of the written Bureau Update provided in the Members packets:

NH EMS Awards: For the eighth consecutive year, the Bureau is managing its statewide annual Awards program. The five awards and the 2003 recipients are listed below:

- **The Boundtree EMS Unit of the Year Award:** Monroe FAST Squad, Monroe, NH
- **Pamela Mitchell/Richard Connolly Achievement Award:** Richard Cooper, NREMT-P, Seabrook, NH
- **Lawrence Volz Heroism Award:** Salem Fire Department, Group 4, Salem, NH
- **David Connor Memorial Award "Connor Honor":** Douglas McVicar, MD, Speare Memorial Hospital
- **Educator of the Year:** Jennifer Frenette, NREMT-I, Lancaster, NH

The presentations will be made once again at the North Country EMS Conference's banquet, in Bartlett, NH, on October 18, 2003.

Fire and Emergency Services Instructor Training: In October 2003, the Division will be offering the first Fire and Emergency Services Instructor Training Program in Manchester, NH and in the winter, there it will be offered in the Seacoast area.

Instructor Reciprocity: The mechanism by which providers that have educational methodology training can become licensed Instructor/Coordinators is now in place. A notice was sent out on August 22, 2003, which explains the process of eligibility and provides an application.

Radio Interoperability: Commissioner Richard M. Flynn has assembled a group of representatives from the EMS, Fire, Law Enforcement and Communications community to address the process by which we can develop a radio system with interoperability between agencies. Presently, there is \$8.2 million dollars to dedicate to this effort. The Department will work to secure additional funds for fiscal year 2004. Surveys were sent to all departments seeking radio information needed for review to start this planning process. Representatives from the committee are planning to meet with all Regional EMS Councils and Fire Mutual Aid Associations to review the process and committees goals. This is still in its early stages and we will keep you updated.

Practical Exam Process: The Education section of the Bureau continues to work on the development and implementation of a uniform, statewide exam process. New processes will be put into place from how exams are scheduled, planned for and coordinated on-site. We plan to submit a final report with recommendations to the EMS & Trauma Services Coordinating Board in November.

Preparedness Update/SARS: A section has been created on the web site for the Preparedness Section of the Bureau. The latest information and links that relate to the protection of our providers in the EMS Field will be available. The NHBEMS is creating a training module for NH EMS providers on the use of personal protective equipment for airborne pathogens. Our plan is to host a meeting of multidisciplinary providers to discuss the practical issues regarding airborne PPE use in the pre-hospital environment. Issues brought forward in this meeting will be considered in formulating a training curriculum and developing a policy recommendation from the NHBEMS. Dr. McVicar said that Clay Odell asked for an MCB member who would be interested in working with the Bureau on this training module. Dr. Sabato volunteered.

Item 3. Division Report

Chief Prentiss stated that Director Mason was unable to attend because he is at a memorial service. She stated that the Division and Bureau are continuing to work on a variety of Administrative Rules issues including the protocols. She said that Assistant Commissioner Stephen has been nominated as the Commissioner of Health and Human Services.

Item 4. Intersections Initiative

Dr. Sabato reported that the NH Acute Care and Traffic Safety: Impaired Driving Seminar was a huge success. There were approximately 200 attendants, which was twice what they expected. He stated that there was great work done by the small groups and that a number of organizations formed a united front to work on a variety of issues including collection of blood samples. He also thanked the Bureau for the work and support on this project.

Dr. Sabato reported that the Intersections Committee has received funding from NHTSA for an Enhanced EMS and Emergency Public Health Training Program that would initially focus on traffic safety. A brochure on the program was handed out. Anyone interested in this can contact Dr. Sabato. He also stated that the Intersections Committee has applied for a grant to provide a similar program aimed at volunteer services/providers.

Item 5. NH E-911 Report

No official report given.

Dr. Albertson asked if the move of E-911 to the Department of Safety has changed its staff and/or organizational objectives. He stated that in the past he had started working with Peter DeNutte, Assistant Director of Emergency Communications Section, on a project for software support for a diversion program. Dr. Albertson asked if he should continue to work with them on this project? Chief Prentiss stated that the only change she is aware of is in the organizational structure. She also stated that there are now bioterrorism funds that may be available for this and other projects and stated she would follow up with Peter DeNutte and Director Cheney.

Item 6. Refusal of Care Protocol

Will Owen stated that there is at least one region in the state that is considering developing a region wide refusal of care form but at this point there is no further update on it.

Dr. Albertson stated that this was an area that needed to be addressed further because of the number of calls that result in non-transports.

Item 7. Trauma Medical Review Committee

Dr. Sutton reported on the following:

- NH Trauma System 2003: A Process of Care Conference will be on November 12, 2003 at the Inns at Mills Falls in Meredith.
- The Committee is developing a plan to review already designated trauma hospitals.
- The Committee is reviewing and revising the current Trauma Plan to better reflect the current capabilities within the state.
- Early Air Medical Notification Project – The Bureau is continuing to work with the Berlin/Gorham, Concord and Monadnock areas to implement the

program. The Monadnock region is very close to have the program up and running. Littleton Hospital was also approached but declined.

- The Committee is continuing to work on better linking various databases to look at specific topics.

Item 8. TEMSIS Update

Fred von Recklinghausen reported that the final data points have been decided on and that the group has been looking at tactical software and hardware that maybe used. He stated that most likely it will be a web-based system and that the hope is to be beta testing a system within the first half of next year. He stated that Dr. Mears, the state medical director for North Carolina, will be speaking at the November 13, 2003 TEMSIS meeting at the Fire Academy in Concord.

Item 9. Items of Interest and Public Comment

Will Owen stated that the subcommittee of the Coordinating Board tasked with evaluating the NH EMT-Intermediate "scope of practice" will be giving it's final recommendations at the next Coordinating Board meeting. Essentially the recommendation will be to make no changes to the current NH Intermediate and re-evaluate it when the current national project is completed.

Chief Prentiss stated that the North Country EMS Conference will be October 16-19, 2003 at the Grand Summit in Bartlett NH.

Dr. Sutton stated that the 13th Annual Dartmouth-Hitchcock Trauma Conference will be October 14, 2003.

V. ADJOURNMENT

Motion was made by Dr. Sabato and seconded by Dr. Sutton to adjourn. Unanimous agreement adjourn.

VI. NEXT MEETING

The next meeting November 20, 2003 at the Richard M. Flynn Fire Academy, 222 Sheep Davis Road, Concord, NH.

Respectfully Submitted,

Suzanne M. Prentiss, Bureau Chief, EMS

(Prepared by Will Owen, ALS Coordinator)